		CLAIMS AS FILED - PART I										
	TOTAL CLA			(Column 1) (Column 2)			SMALL ENTITY TYPE				OTHER THAN SMALL ENTIT	
							RAT	E F	EE	Ŕ	ATE	FEE
	FOR			MBER FILED	NUMBER EXTRA	ı	BASIC	FEE		OR BASI		
	TOTAL CHARGEABLE CLAIMS		IS	minus 20=	*		X\$ 2	5=			50=	
11	INDEPENDEN			minus 3 =	*	7	X100	)=			00=	
L	MULTIPLE DE	PENDENT CLAIM	M PRESEN	Τ					-10	"` <del> </del> —		
	f the differer	nce in column 1	is less tha	ess than zero, enter "0" in column 2			+180 TOTA			+36		
ĺ	CLAIMS AS AMENDED - PART II						IOIA	<u> </u>	0	R TOT	· -	
r	(Column 1) (Column 2) (C					3),	SMAL	L ENTIT	Y Of		HER THA	
AMENDMENT A	9/13/0	REMAINING AFTER AMENDMEN		NUMBE PREVIOU PAID FO	ER PRESENT	11	RATE	ADD TION, FEE	AL	RAT	E TIO	DDI- DNAL
MEND	Total Independent	32	Minus	- 30	2 = /	] [	X\$ 25=		OF	X\$50		==/
P	FIRST PRES	SENTATION OF I	1	DEPENDENT C	CLAIM \	$\{ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	X100=		OF	X200	)=	<del>/                                    </del>
					<u></u>	1	+180=		OR	+360	= /	
					•	ΔΠ	TOTAL	_	OR	TO	TAL	
_	<del></del>	(Column 1)		(Column			D(1,1 C)		l ~ ` `	ADDIT, F	EE L	
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGHES NUMBER PREVIOUS PAID FOR	PRESENT EXTRA	$\prod_{i}$	RATE	ADDI- TIONAI FEE		RATE		IAL
Q.	Total		Minus	**	=	X	\$ 25=			Veca	FEI	Ξ
ME.	Independent	•	Minus	***	=			<del> </del> -	OR	X\$50=		
_	FIRST PRESE	ENTATION OF M	ULTIPLE DI	EPENDENT CL	AIM 🔲	×	100=		OR	X200≈		
						<u> </u>	180=		OR	+360=		
	•					·ADD	TOTAL IT. FEE		OR A	TOTA DDIT. FE	L E	
T	<del></del>	(Column 1) CLAIMS	,	(Column 2 HIGHEST	) (Column 3).							$\neg$
•		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	ATE -	ADDI- TIONAL FEE		RATE	ADDI- TIONA	۱L
-	Total		Minus	**	=	Y9	25=	TEE	<b> </b> -		FEE	- -
-	Independent		Minus	***	=	-			OR	X\$50=	ļ	
1	FIRST PRESE	NTATION OF MU	LTIPLE DE	PENDENT CLA	IM 🔲	X10	00=		OR	X200=		
i If t	he entry in colum	n 1 is less than the	entry in colu	mn 2 wille "0" in	column 3	+18	30=		OR	+360=		7
411	the "Highest Num	ther Previously Paid	For IN THE	S SPACE is less t	han 20, enter "20."	ADDIT	OTAL FEE	(	■ OR AD	TOTAL DIT. FEE		1
·Th	e *Highest Numb	er Previously Paid	For (Total or	Independent) is t	lhan 3, enter *3.* The highest number fo	ound in t	he appro	priate box	in colum	on, ree 1 n 1,	·	1

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number

## BEST AVAILABLE COPY

	PATENT APPLICATION FEE DETERMINATION RECOR Effective December 8, 2004							Application or Docket Number  10/512875					
	CLAIMS AS FILED - PART I							ITITY	TITY		OTHER THAN		
			(Colu	mn 1)		(Column 2)	TYPE		OR -	SMALL	ENTITY		
U.S	J.S. NATIONAL STAGE FEES		·				RATE	FEE	'	RATE	FEE		
BASIC FEE			SMALL EN	T. = \$ 150	LAR	GE ENT. = \$ 300	BASIC FEE	150	OR	BASIC FEE	-		
EXAMINATION FEE			Satisfies PCT (4) = \$5			ther situations = 100 / \$ 200	EXAM. FEE	100	1	EXAM. FEE	27		
SEARCH FEE			U.S. is ISA = \$50/\$100 ALL other countries = \$200/\$400			ther situations = 250 / \$ 500	SEARCH FEE	200		SEARCH FEE	A !		
FEE FOR EXTRA SPEC. PGS.			minus 100 = /50 =			/ 50 ≐	X \$ 125 =		İ	X \$ 250 =	<u> </u>		
TOTAL CHARGEABLE CLAIMS			22 minus 20 = .			12	X \$ 25 =	300	OR	X \$ 50 =	(,vi).		
INDEPENDENT CLAIMS			/ minus 3 = .				X \$ 100 =		OR	X \$ 200 =			
MUL	TIPLE DEPEN	DENT CLAIM PR	ESENT		<u> </u>		+ \$ 180 =	<del>                                     </del>	OR	+ \$ 360 =			
' If	If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL	7.50	OR.	TOTAL	1500		
	3/ 1	(Column 1) CLAIMS REMAINING	AMENDE	(Colum HIGHE NUMB	n 2) ST ER	(Column 3)	SMALL	ADDI-	OR	OTHER SMALL E			
AMENDMENT A	106	AFTER AMENDMENT		PREVIO		EXTRA	RATE	TIONAL FEE		RATE .	TIONAL FEE		
MON	Total	• 32	Minus	" 35	2	2	X \$ 25 =		OR	X \$ 50 =			
AME	Independent	<u>*   .</u>	Minus	<u> </u>		=	X \$ 100 =		OR	X \$ 200 =			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+ \$ 180 =		OR	+ \$ 360 =			
•				·			TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE			
		(Column 1)		(Colum	n 2)	(Column 3)							
AMENDMENT B	H/406	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	R ISLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NDME	Total	. 32	Minus	·· 32	Υ .	= /	X \$ 25 =	/	OR	X \$ 50 =			
AME	Independent		Minus	-3		= /	X \$ 100 =		OR	X \$ 200 =			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+ \$ 180 =	7: 1	OR	+ \$ 360 =			
							TOTAL ADDIT. FEE	<del>/</del>	OR I	OTAL ADDIT. FEE			
			•				•	:					

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.